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Texas House Committee on Human Services  
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Dear Chairman Frank,

Thank you for the opportunity to comment on the Request for Information for **Charge #2.1** on behalf of Nurse-Family Partnership (NFP).

Since 2006, NFP has partnered with Texas as a public health nursing intervention designed to improve outcomes for first-time, high risk pregnant women and their children – and has served 17,743 families across Texas over the last 14 years.

### **Family First Prevention Services Act**

Under the Family First Prevention Services Act, which was signed into law as part of the Bipartisan Budget Act on February 9, 2018, states can use Title IV-E funds to prevent the placement of children and youth into the foster care system through services that provide in-home parent skill-based programs, mental health services, and substance abuse prevention and treatment services. Title IV-E funds can be used in this capacity for 12 months for children who are candidates for foster care and for pregnant or parenting foster youth and may be renewed as needed.

Eligible services must be included in state's plan and meet one of three thresholds: well-supported treatment, supported practice, or promising practice. Nurse-Family Partnership is a well-supported program (the highest possible ranking) as defined by the U.S. Department of Health & Human Services Title IV-E Prevention Services Clearinghouse<sup>1</sup>.

Additionally, in 2016, the federal Commission to Eliminate Child Abuse and Neglect Fatalities concluded that NFP had the most robust findings in this area amongst all evidence-based home visiting programs<sup>2</sup>.

On September 1, 2020, DFPS released its Family First Prevention Services Act Strategic Plan<sup>3</sup> and under **Option 2F**, DFPS states that the department can expand existing evidence-based home-visitation programs like NFP with FFPSA funds in Texas.

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<sup>1</sup> <https://preventionservices.abtsites.com/program>

<sup>2</sup> [https://www.acf.hhs.gov/sites/default/files/cb/cecanf\\_final\\_report.pdf](https://www.acf.hhs.gov/sites/default/files/cb/cecanf_final_report.pdf)

<sup>3</sup> [https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2020/2020-09-01-Family\\_First\\_Prevention\\_Services\\_Act\\_Strategic\\_Plan.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2020/2020-09-01-Family_First_Prevention_Services_Act_Strategic_Plan.pdf)

DFPS states:

These programs are proven to increase parents' protective capacity therefore decreasing the likelihood of their child's entry into foster care. PEI could expand this type of prevention service to families with young children under the age of 6, which data shows this age group as a particularly vulnerable age group at risk of child maltreatment.

In Option 2F, DFPS proposes using these program dollars to fund an expansion that would serve an estimated 620 additional families at a total cost of \$5.2 million over FY22-23; this option is scalable. NFP supports this proposed expansion.

### **About Nurse-Family Partnership**

Nurse-Family Partnership pairs nurses with first-time mothers who are low-income (usually Medicaid-eligible) from as early in pregnancy as possible until their babies are two years old to help moms set goals to improve their health, their children's health, and their families' economic self-sufficiency. Traditionally, nurses visit with the mothers one-on-one in their homes for an hour on average approximately every other week. During the home visits, highly skilled and specially trained public health nurses assess mothers' health and their children's health and screen for health, mental health, substance use, domestic violence, and developmental milestones. Nurses also refer mothers to healthcare providers, social services, education, and employment resources and help mothers identify supports among and their networks of family, friends, and the community to reach their hearts' desires. At each visit, nurses work with moms to set small achievable goals from one visit to the next to help moms and their babies thrive physically and mentally, finish their education and find work.

Some of the outcomes documented in our randomized controlled trials include

- 48% reduction in child abuse and neglect
- 56% reduction in ER visits for accidents and poisonings
- 50% reduction in language delays of child age 21 months
- 67% less behavioral/intellectual problems at age 6
- 82% increase in months employed
- 61% fewer arrests of the mother
- 59% reduction in child arrests at age 15
- 46% increase in father presence in household by child age 4

### **Continued Investment**

Now more than ever, we need continued investment in Nurse-Family Partnership. For over a decade, the Texas Legislature has recognized the benefits of Nurse-Family Partnership including its outcomes and the return on investment. Every \$1 invested in Nurse-Family Partnership yields up to \$5.70 in savings on government spending.

## **NFP Policy & Legislative Priorities**

NFP seeks to be included in FFPSA state plans to serve both expectant mothers currently in foster care (these moms are non-categorically eligible for Title IV-E prevention reimbursement under FFPSA) as well as expectant mothers that meet the state's definition of candidacy. As each state must develop a plan to prevent child abuse and neglect fatalities, states will create their own definitions of "candidates for foster care," including those children who are most at risk.


Nurse-Family Partnership requests that as states create their definitions, they consider inclusion of possible parental indicators of risk for adverse child well-being, such as:

- Prior or current abuse and/or neglect;
- Prior or current encounters within the criminal justice system;
- Mental health challenges, including maternal depression;
- Developmental and/or intellectual disabilities;
- Prior involvement with child protective services and/or foster care;
- Prior or current substance abuse;
- Social isolation and/or housing instability/homelessness.

Nurse-Family Partnership believes that a two-generation, primary prevention approach has the greatest potential to positively influence families, break cycles of poverty and abuse, and keep families out of the child welfare system. Upstream programs such as NFP that serve at-risk mothers prenatally can support the child's brain development, reduce toxic stress levels in utero, and promote early improvements for child well-being and welfare.

Finally, we respectfully request that the Committee support the implementation of Option 2F of the DFPS Family First Prevention Services Act Strategic Plan.

Thank you,



Cam Scott  
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